

FILED

08 MAY 29 PM 2:40

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

CARL LEE CALLEGARI

Plaintiff,

vs.

CHARLES D. LEE, M.D. ET AL.,

Defendant.

CASE NO. 08

CW

PRISONER'S APPLICATION TO PROCEED (PR)  
IN FORMA PAUPERIS

I, CARL LEE CALLEGARI, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 1973 farm labor

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes \_\_\_ No ☒  
 10 self employment
- 11 b. Income from stocks, bonds, Yes \_\_\_ No ☒  
 12 or royalties?
- 13 c. Rent payments? Yes \_\_\_ No ☒
- 14 d. Pensions, annuities, or Yes \_\_\_ No ☒  
 15 life insurance payments?
- 16 e. Federal or State welfare payments, Yes \_\_\_ No ☒  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married? Yes \_\_\_ No ☒

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

1           b.     List the persons other than your spouse who are dependent upon you for  
 2                 support and indicate how much you contribute toward their support. (NOTE:  
 3                 For minor children, list only their initials and ages. DO NOT INCLUDE  
 4                 THEIR NAMES.).  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7     5.     Do you own or are you buying a home?                 Yes \_\_\_\_ No ☒

8     Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9     6.     Do you own an automobile?                                 Yes \_\_\_\_ No ☒

10    Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

11    Is it financed? Yes \_\_\_\_ No \_\_\_\_ If so, Total due: \$ \_\_\_\_\_

12    Monthly Payment: \$ \_\_\_\_\_

13    7.     Do you have a bank account? Yes \_\_\_\_ No ☒ (Do not include account numbers.)

14    Name(s) and address(es) of bank: \_\_\_\_\_  
 15 \_\_\_\_\_

16    Present balance(s): \$ \_\_\_\_\_

17    Do you own any cash? Yes \_\_\_\_ No \_\_\_\_ Amount: \$ \_\_\_\_\_

18    Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19    market value.) Yes \_\_\_\_ No ☒

20 \_\_\_\_\_

21    8.     What are your monthly expenses?

22    Rent: \$ \_\_\_\_\_ Utilities: \_\_\_\_\_

23    Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

24    Charge Accounts:

25 <u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
26    _____	\$ _____	\$ _____
27    _____	\$ _____	\$ _____
28    _____	\$ _____	\$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)  
3 \_\_\_\_\_  
4 \_\_\_\_\_

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes \_\_\_ No ☒

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

9 EASTERN DISTRICT, NO. CIVS-01-0566 FCDGGHP  
10 MCDONALD V. CALLEGARI

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15  
16 MAY 14, 2008

17 DATE

Carl Lee Callegari

18 SIGNATURE OF APPLICANT  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Case Number: \_\_\_\_\_

CERTIFICATE OF FUNDS  
IN  
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of E42616 Callegari, Carl for the last six months at

SALINAS VALLEY STATE PRISON  
ACCOUNTING DEPARTMENT  
P.O. BOX 1020  
SOLEDAD, CA 93960-1020

[prisoner name]

\_\_\_\_\_ where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 3.16 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 3.16.

Dated: 5/28/08

L. macias

[Authorized officer of the institution]

REPORT ID: TS3030 .701

REPORT DATE: 05/28/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
SALINAS VALLEY STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU MAY 28, 2008

ACCOUNT NUMBER : E42616

ACCOUNT NAME : CALLEGARI, CARL LEE

PRIVILEGE GROUP: A

BED/CELL NUMBER: FDB7T2000000219L

ACCOUNT TYPE: I

## TRUST ACCOUNT ACTIVITY

TRAN

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
11/01/2007		BEGINNING BALANCE					0.00
11/06	*VD54	INMATE PAYROL 1253P10/07			9.08		9.08
11/06	W214	FEDERAL FILIN 1266 EDS				1.82	7.26
11/06	W214	FEDERAL FILIN 1266 EDS				1.82	5.44
11/06	W214	FEDERAL FILIN 1266 EDS				1.82	3.62
11/08	W515	COPY CHARGE 1301 MCOPY				1.82	1.80
11/20	W515	COPY CHARGE 1406 MCOPY				0.60	1.20
12/06	*VD54	INMATE PAYROL 1493P11/07			5.43	1.20	0.00
12/06	W214	FEDERAL FILIN 1501 EDS					5.43
12/06	W214	FEDERAL FILIN 1501 EDS				1.09	4.34
12/06	W214	FEDERAL FILIN 1501 EDS				1.09	3.25
12/06	W214	FEDERAL FILIN 1501 EDS				1.09	2.16
		ACTIVITY FOR 2008				1.09	1.07
01/28	W536	COPAY CHARGE 1974 COPAY					
03/06	*VD54	INMATE PAYROL 2302 P2/08			1.38	1.07	0.00
03/06	*VD54	INMATE PAYROL 2305 P1/08			3.08		1.38
03/06	W214	FEDERAL FILIN 2311 EDS					4.46
03/06	W214	FEDERAL FILIN 2311 EDS				0.89	3.57
03/06	W214	FEDERAL FILIN 2311 EDS				0.89	2.68
03/06	W214	FEDERAL FILIN 2311 EDS				0.89	1.79
03/13	W515	COPY CHARGE 2368 COPY				0.89	0.90
05/06	*VD54	INMATE PAYROL 2815 P3/08			1.41	0.12	0.78
05/06	*VD54	INMATE PAYROL 2821 P4/08			1.19		2.19
05/06	W214	FEDERAL FILIN 2830 EDS					3.38
05/06	W214	FEDERAL FILIN 2830 EDS				0.52	2.86
05/06	W214	FEDERAL FILIN 2830 EDS				0.52	2.34
05/06	W214	FEDERAL FILIN 2830 EDS				0.52	1.82
						0.52	1.30

## CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
05/09/2008	H109	LEGAL POSTAGE HOLD	2860 LPOST	1.65
05/27/2008	H118	LEGAL COPIES HOLD	3012 LCOPY	13.50

REPORT ID: TS3030 .701

REPORT DATE: 05/28/08

PAGE NO: 2

SALINAS VALLEY STATE PRISON  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU MAY 28, 2008

ACCT: E42616

ACCT NAME: CALLEGARI, CARL LEE

ACCT TYPE: I

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 09/26/96  
COUNTY CODE: SJCASE NUMBER: SC059799  
FINE AMOUNT: \$ 1,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
11/01/2007		BEGINNING BALANCE		861.93
11/06/07	VR54	RESTITUTION DEDUCTION-SUPPORT	10.08-	851.85
12/06/07	VR54	RESTITUTION DEDUCTION-SUPPORT	6.03-	845.82
03/06/08	VR54	RESTITUTION DEDUCTION-SUPPORT	1.53-	844.29
03/06/08	VR54	RESTITUTION DEDUCTION-SUPPORT	3.42-	840.87
05/06/08	VR54	RESTITUTION DEDUCTION-SUPPORT	1.56-	839.31
05/06/08	VR54	RESTITUTION DEDUCTION-SUPPORT	1.32-	837.99

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*  
 \* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. \*

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	21.57	20.27	1.30	15.15	0.00



THE WITHIN INSTRUMENT IS A CORRECT  
 COPY OF THE TRUST ACCOUNT MAINTAINED  
 IN THIS OFFICE.

ATTEST

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY L. Macias SUSP  
TRUST OFFICECURRENT  
AVAILABLE  
BALANCE

13.85-



STATE OF CALIFORNIA  
COUNTY OF MONTEREY

(C.C.P. SEC. 466 & 2015.5; 28 U.S.C. SEC. 1746)

RECEIVED  
MAY 22 2008

I, CARL LEE CALLEGARI  
the PLAINTIFF declare under penalty of perjury that: I am  
and know the contents thereof and the same is true of my own knowledge, except as to matters  
stated therein upon information, and belief, and as to those matters, I believe they are true.

Executed this 14 day of MAY, 2008, at Salinas Valley State  
Prison, Soledad, California 93960-1050.

(Signature) Carl Lee Callegari  
DECLARANT/PRISONER

PROOF OF SERVICE BY MAIL  
(C.C.P. SEC 1013(a) & 2015.5; 28 U.S.C. SEC. 1746)

I, Carl Lee Callegari, am a resident of California State Prison, in the County of  
Monterey, State of California; I am over the age of eighteen (18) years and am/am not a party of  
the above entitled action. My state prison address is: P.O. Box 1050, Soledad, California 93960-  
1050.

On May, 14, 2008, I served the foregoing: 1983 Complaint

(Set forth exact title of document(s) served)

On the party(s) herein by placing a true copy(s) thereof, enclosed in sealed envelope(s), with  
postage thereof fully paid, in the United States Mail, in a deposit box so provided at Salinas  
Valley State Prison, Soledad, California 93960-1050.

UNITED STATES District Court for the Northern

(List parties served)

There is delivery service by United States Mail at the place so addressed, and/or there is regular  
communication by mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: May, 14 2008

Carl Lee Callegari  
DECLARANT/PRISONER



RECEIVED

CARLEE CALLEGAIRI-E-42616

Salinas Valley State Prison

P.O. Box 1050-D-7-219

Salinas, CA. 93960

RECEIVED

MAY 29 2008

CR

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

OFFICE OF THE CLERK, U.S. District Court

NORTHERN DISTRICT OF CALIFORNIA

450 GOLDEN GATE AVENUE

SAN FRANCISCO, CA. 94102

STATE PRISON  
GENERATED MAIL

Legal Mail

